

Mr. Bloxam. Several continental writers (Prof. NEISSER, Dr. KRECHE, M. BALZER, etc.) have lately been advocating the use of calomel administered in the same manner, and it will be convenient to notice them together. It is recommended that the calomel be administered in doses of about twenty grains, in water containing chloride of sodium to the same amount (Kreche) or one-fourth the amount (Neisser) or that the drug be suspended in oil of vaseline (Balzer). Du Castel and others, however, prefer yellow oxide of mercury suspended in mucilage for injection, and claim that it is less likely to set up an abscess than calomel. From four to six injections are made at intervals of a month, and it is claimed that this treatment suffices in most cases. To assert (as M. Balzer does) that a single injection is sometimes sufficient, appears to reduce the "mercurial treatment" almost to an absurdity. However the same observer whilst claiming great results from the calomel injections in cases of cerebral syphilis, mentions the fact that he was giving large doses of iodide internally at the same time! Without wishing to detract from the value of the treatment under consideration, it must be mentioned that in several points its advocates do not agree, and that the advantages claimed for subcutaneous injection can hardly be said to have been very completely demonstrated.—*Gaz. Méd. de Paris*, May 28, 1887. *Munchener Med. Wochenschrift*, 1887 No. 6.

III. The Influence of Erysipelas on Syphilitic Lesions by M. COSTELLA (Italy) and M. MOLNAR (Austria). The first case was one of inherited syphilis in a girl of twenty-one, who had certainly suffered to an unusual extent from disease of the joints: both knees, one shoulder, and both elbows had been the subject of chronic synovitis, in the last case leading to ankylosis. There was much enlargement about the epiphyseal lines, many subcutaneous gummata, and large ulcers over both shoulders. The spleen and liver were also enlarged. During her treatment in the hospital by sublimate injections and iodide of potassium, she passed through two attacks of erysipelas, each of which appeared to have the most beneficial effects upon the syphilitic lesions. The ulcers healed, the liver and spleen returned to their normal size, the swelling about the joints subsided, and the pa-

tient gained very considerably in weight. Whilst of course attributing this improvement largely to the treatment, M. Costella believed that the erysipelas hastened the recovery materially. Its remarkable effect upon chronic ulceration due to inherited syphilis has been observed frequently, in fact we knew of one case which was sent into an erysipelas ward in order to be inoculated, and in whom the experiment was very successful.

M. Molnar's case was one of acquired syphilis (in the secondary stage) in which the patient had an extensive ulcer over one parietal bone with necrosis. Whilst in the hospital for his syphilis he contracted erysipelas of the head, the attack leading to marked improvement of the ulceration, which ultimately cicatrized.—*Giornale Ital. dell. mal. venere etc.* July 1886; *Oestu medic. chirurg. Presse*, 1887, No. 9.

IV. The Pigmentary Syphilide. By M. BOCKART, (Berlin) and GOMALO. R (Paris). By this not too precise term is understood a secondary eruption, somewhat resembling tinea versicolor, met with especially on the back of the neck and on the neighboring parts. The color of the patches or stains varies from a brownish-black, (as in Bockart's case, to a yellowish-grey: they have been figured in the *Journal of Syphilis and Cutaneous Diseases*, and in the New Sydenham Society's Atlas of Skin Diseases. It is now admitted by authorities on the subject (Fournier, Hardy, Taylor, etc.) that the eruption is almost entirely confined to the female sex, that the pigmentation is extremely slow to disappear, and that specific treatment has little or no effect upon it. The rarity of the affection is indicated by the fact that the writers now referred to, have each been able to report only one case. M. Romalo holds that the pigmentary syphilide occurs chiefly in women of lymphatic temperament, with fine transparent skin, or in those much debilitated by their syphilis. Bockart's case was a girl, æt. 20 years, admitted for condyloma, mucous patches on the throat, glandular enlargement, etc. Dark brown stains were present on the neck, the trunk, and the limbs, varying in diameter from one to five centimetres. Antisyphilitic treatment produced rapid subsidence of the symptoms,